

MANUAL: FOM 801 Medical Passport	JOB AID Children's Foster Care
SUBJECT: Entering Frequent, Ongoing Health Appointments into MiSACWIS	01/2021 New Issue Partial Revision Complete Revision
Contact Office: Child Welfare Medical Unit Mary Somma (517) 241-9799 sommam@michigan.gov	

OVERVIEW

All appointments, diagnoses, medications for general use (psychotropic medications are entered by the PMOU), follow-up visits and other health info are entered into MiSACWIS (FOM 801). This includes ongoing appointments such as counseling/therapy, OT/PT/speech therapy, etc.

The medical passport is populated from information in the health and person characteristics screens. State law and the ISEP require an up-to-date Medical Passport. It is the document provided to caregivers, parents, youth and (newly referred) health providers to give an overview of the child's health needs, diagnoses, medical providers and current health services/treatment.

If a child sees a pediatric cardiologist every 3 months, or has Medication Review every 8 weeks, these appointments are entered individually.

ENTERING FREQUENT, ONGOING APPOINTMENTS

Numerous, frequent appointments for the same service/treatment by same provider can be combined. The intent is to capture, or clearly document the type of appointment, provider, outcome/finding i.e. reason for appointment (ex: PT for developmentally delayed child to improve gross and fine motor skills, balance and coordination...).

This information within the [Appointment](#) entry along with the [Additional Explanation](#) will allow anyone viewing the health screens (new worker, HLO, CWMU) or Medical Passport (parents, caregivers, health providers) a picture of the child's health needs along with the health services/treatment.

Example of Appointment entry for frequent/ongoing behavior health, therapy, counseling appts:

Health Needs and Diagnoses	Appointments	Medication	Child Medical History	Family Medical History	Provider	Generate Immunizations and Medical Passport																								
Person Header Name: Hartwell, Alex Gender: Male DOB: 10/03/2003 Person ID: 17800829 Age: 17 Years 3 Months 12 Days																														
Appointment History Filter By: All Filter																														
Completed Appointments <table border="1"> <thead> <tr> <th></th> <th>Service Category</th> <th>Service Type</th> <th>Date</th> <th>Provider Name</th> <th></th> </tr> </thead> <tbody> <tr> <td>select</td> <td>Child's Yearly Physical Visit</td> <td>Well Child Exam Early Adolescence: 11-14 Years</td> <td>01/05/2021</td> <td>Capital Area Community Services</td> <td>delete documents</td> </tr> <tr> <td>select</td> <td>Mental Health</td> <td>Intake</td> <td>12/17/2020</td> <td>Ingham Family Counseling</td> <td>delete documents</td> </tr> <tr> <td>select</td> <td>Mental Health</td> <td>Counseling</td> <td>11/05/2020</td> <td>Ingham Family Counseling</td> <td>delete documents</td> </tr> </tbody> </table>								Service Category	Service Type	Date	Provider Name		select	Child's Yearly Physical Visit	Well Child Exam Early Adolescence: 11-14 Years	01/05/2021	Capital Area Community Services	delete documents	select	Mental Health	Intake	12/17/2020	Ingham Family Counseling	delete documents	select	Mental Health	Counseling	11/05/2020	Ingham Family Counseling	delete documents
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In **Appointment Details** add info in **Outcomes and Findings** and **Findings** with the frequency of sessions added to **Additional Explanation**:

Category: * Mental Health **Type:** Counseling

Date: * 11/05/2020

Time:

Provider Name: * Ingham Family Counseling

Address: 2115, DODSON, AVE, Lansing, INGHAM, MI, 48933

Phone: **Ext.:** **Fax:**

Outcomes and Findings:

Therapy recommended. Youth transitioning from residential placement to family home.

4000

Is Follow-up Required?: ☒ Yes, required ☐ No, not required **Type:** Behavioral Health **Service:** Treatment

Additional Explanation:

Youth has weekly therapy session and family counseling once a month.

931

Weight: Pounds **Height:** feet inches [Hartwell, Alex](#)

The text in **Appointment**, **Outcomes and Findings** and **Additional Explanation** will download into **Medical Passport** and provide details on services provided (as shown below).

5c. Behavioral Appointments							
Provider	Date of Service	P/C*	Appointment Type	Follow-up Required?	Type	Service	Outcomes and Findings/Additional Explanation
Ingham Family Counseling	11/05/2020	C	Counseling	Yes	Behavioral Health	Treatment	Per the initial assessment, the youth will have counseling session once a week. Family sessions will happen once per month. The youth is transitioning home from a residential placement. Therapy recommendation of youth having once a week sessions and family having once a month was recommended.
Ingham Family Counseling	11/03/2020	C	Intake	Yes	Behavioral Health	Treatment	Initial intake appointment completed, as well as a safety in order for the

As the **frequency or type of appointments change**, the “Appointment” is revised/updated.

For example, initially PT, counseling, etc. may be 1x week - After a few months, it might be reduced to 2x monthly.

At that time, a new Appointment entry w/ the new details is added to **Outcomes and Findings** and **Additional Explanation**.